

Atty Docket No: 46354.010200

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

KEECH, Winston Donald

Group Art Unit: 2135

Serial No.: 09/663,281

Examiner: SON, Linh L. D.

Filed: September 15, 2000

For: Embedded Synchronous Random Disposable Code Identification Method and System

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MAY 09 2005**AMENDMENT TRANSMITTAL**Total Pages: 13MAIL STOP AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450I hereby certify that this correspondence is being transmitted  
via facsimile transmission to the United States Patent and  
Trademark Office at (703) 872-9306 on May 9, 2005by Paul R. Mahan  
Paul R. Mahan

Sir:

1. Transmitted herewith is a Response Under 37 C.F.R. §1.111 in response to the outstanding non-final Office Action mailed on February 9, 2005, in the above-referenced application.

2. Additional papers enclosed:

- ☐ Drawings: ☐ Formal (Corrections) ☐ Informal
- ☐ Supplemental Information Disclosure Statement (PTO Form 1449)
- ☐ Submission of "Sequence Listing." Computer readable copy and/or amendment pertaining thereto for biotechnology invention containing nucleotide and/or amino acid sequence.
- ☐ Change Of Correspondence Address

3. EXTENSION OF TIME

The proceedings herein are for a patent application and the provisions of 37 C.F.R. §1.136(a) apply.

- ☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition and fee for extension of time.
- ☐ Applicant petitions for an extension of time, the fees for which are set out in 37 C.F.R. § 1.17(a)-(d), for the total number of months checked below:

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Total Months Requested	Fee for Extension	Fee for Small Entity
<input type="checkbox"/> one month	\$120.00	\$ 60.00
<input type="checkbox"/> two months	\$450.00	\$225.00
<input type="checkbox"/> three months	\$1,020.00	\$510.00
<input type="checkbox"/> four months	\$1,590.00	\$795.00

☐ Extension of time fee due with this request: \$- 0 -

☒ If an extension of time is required, please consider this a Petition therefor.

☐ An extension for \_\_\_ months has already been secured and the fee paid therefor of \$\_\_\_ is deducted from the total fee due for the total months of extension now requested.

#### 4. Fee Calculation

FEE CALCULATION						
	Claims Remaining After Amendment		Highest No. Previously Paid	Present Extra	AT Rate Of	Total Fees
Total Claims	23	Minus	20	0	x \$50.00 each =	+\$ 00.00
Independent Claims	4	Minus	4	0	x \$200.00 each =	+\$ 00.00
First presentation of multiple dependent claim(s)					\$ 360.00	+\$ 00.00
<b>SUB-TOTAL</b> =						<b>\$ 00.00</b>
<b>TOTAL FEE =</b>						<b>\$ 00.00</b>

#### 5. Fee Payment

- ☐ No Fee is to be paid at this time.
- ☐ A check for \$00.00 to cover the extension fees is enclosed.
- ☐ The Commissioner is hereby authorized to charge Deposit Account No. 50-0653.

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☒ The Commissioner is also hereby authorized to charge any additional fees associated with this paper, or credit any overpayment to Deposit Account No. 50-0653.

Respectfully submitted,

Date: May 9, 2005

By: 

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